ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION		 		
O.I.P.E. CLASSIFIER				
FORMALITY REVIEW	Wit.	571	0//11/2	
RESPONSE FORMALITY REVIEW	-17	JC 947	05/04/01	

INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed	1	
	(Through numeral) Canceled	Α	
÷	Restricted	0	

		nestricted	0	Objected	l
	Date	Claim	Date	Claim	Date
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8 🗸	++++	57	++++	107	
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		61	+ + 	110	
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16 0	++++	66		116	
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20 /	┤╡┋┼┼┼┤	70	++++	119	
21 🗸	┼ ┼┼┼┼┤┟	71	+++++	120	
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, 25		75		125	++++
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1 44		94		144	┠╍┞╌╏┈╏┈╏
45		95	 	145	┞┈┞╶┞┈┞┈┞
46		96		146	┞╌╞╌╏╴╏ ╶ ╏╶╏╸ ┦
47 48		97		147	
49	┝╅┼┼┼┤	98		148	
50	┝╂╬┼┼┼┤	100	+	149	
		1100		150	

If more than 150 claims or 10 actions staple additional sheet here

BEST AVAILABLE COPY